

323

Dr. Wall

 ARIZONA STATE DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS 157X  
 CERTIFICATE OF DEATH

STATE FILE NO.

6291

BIRTH NO.

REGISTRAR'S NO.

07 07 OF DEATH 24 ND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 220	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 32 Yr. 165 yr.	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 435 East Kimball		D. STREET ADDRESS 435 East Kimball		(IF RURAL, GIVE LOCATION)	
2 1 3 178 7 V49	3. NAME OF DECEASED A. (FIRST) Mary B. (MIDDLE) Elizabeth C. (LAST) Damron			4. SEX female	5. COLOR OR RACE white	
	6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR 10 25 71	8. AGE YEARS MONTHS DAYS 78 1 20	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY at home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	11. CITIZEN OF WHAT COUNTRY? U. S. S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None	
USE 157X 0 118) 0	14A. FATHER'S NAME David L. Garner		14B. BIRTHPLACE (STATE OR COUNTRY) no record	15A. MOTHER'S MAIDEN NAME Mary L. Whitmore		
	16. INFORMANT'S SIGNATURE Mrs. Maude Schnepf		ADDRESS Queen Creek, Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 15, 1949		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas with metastasis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH ?
TIONS, OPSY TH TO RNAL ENCE	19A. DATE OF OPERATION Aug. 14, 1949		19B. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas & metastasis in liver.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
CAL ONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7:26 1949 TO Dec 15, 1949. THAT I LAST SAW THE DECEASED ALIVE ON Dec 14, 1949. AND THAT DEATH OCCURRED AT 7:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE M. H. Wall		23B. ADDRESS 206 E. Main, Mesa, Arizona		23C. DATE SIGNED 12-22-49	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-17-49	24C. NAME OF CEMETERY OR CREMATORY City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
RAL 33 TOR ID TRAR 2	25A. DATE REC'D BY LOCAL REG. 12-22-49		25B. REGISTRAR'S SIGNATURE John M. ...		26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary Mesa, Ariz. 27. EMBALMER'S SIGNATURE R. M. Daybell 228-A	